


**TRANSMITTAL  
FORM**
*(to be used for all correspondence after initial filing)*

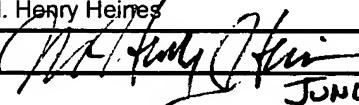
Total Number of Pages in This Submission

11

Application Number	10/085,410
Filing Date	February 25, 2002
First Named Inventor	Soane, David S.
Art Unit	1711
Examiner Name	Jeffrey C. Mullis
Total Number of Pages in This Submission	11
Attorney Docket Number	021674-000231US

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply-Amendment No. 2 - 6 pgs. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer - 2 pgs. <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD; Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Remarks <span style="border: 1px solid black; padding: 2px;">The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</span>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP	
	M. Henry Heines	
Signature		
Date	JUNE 3, 2004	
Reg. No. 28,219		

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Mary Green	
Signature		Date
		6/3/04



# FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 110)

Complete if Known	
Application Number	10/085,410
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Art Unit	1711
Attorney Docket No.	021674-000231US

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity

Small Entity

Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee		
1002 340	2002 170	Design filing fee		
1003 530	2003 265	Plant filing fee		
1004 770	2004 385	Reissue filing fee		
1005 160	2005 80	Provisional filing fee		

SUBTOTAL (1)

(\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below	Fee Paid
Total Claims		Extra Claims	
Independent Claims			
Multiple Dependent			

Large Entity

Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

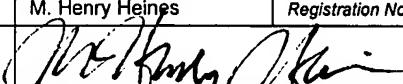
## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath		
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.		
1053 130	1053 130	Non-English specification		
1812 2,520	1812 2,520	For filing a request for reexamination		
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action		
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action		
1251 110	2251 55	Extension for reply within first month		
1252 420	2252 210	Extension for reply within second month		
1253 950	2253 475	Extension for reply within third month		
1254 1,480	2254 740	Extension for reply within fourth month		
1255 2,010	2255 1,005	Extension for reply within fifth month		
1401 330	2401 165	Notice of Appeal		
1402 330	2402 165	Filing a brief in support of an appeal		
1403 290	2403 145	Request for oral hearing		
1451 1,510	1451 1,510	Petition to institute a public use proceeding		
1452 110	2452 55	Petition to revive - unavoidable		
1453 1,330	2453 665	Petition to revive - unintentional		
1501 1,330	2501 665	Utility issue fee (or reissue)		
1502 480	2502 240	Design issue fee		
1503 640	2503 320	Plant issue fee		
1460 130	1460 130	Petitions to the Commissioner		
1807 50	1807 50	Petitions related to provisional applications		
1806 180	1806 180	Submission of Information Disclosure Stmt		
8021 40	8021 40	Recording each patent assignment per property (times number of properties)		
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))		
1801 770	2801 385	Request for Continued Examination (RCE)		
1802 900	1802 900	Request for expedited examination of a design application		
Other fee (specify)		Terminal Disclaimer		110

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$110)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	M. Henry Heines	Registration No. (Attorney/Agent)	28,219	Telephone	415-576-0200
Signature				Date	JUN 3, 2004

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